

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT

FORM B

For New Members, Candidates, and New Employees

LEGISLATIVE RESOURCE CENTER

MAY 02 2018, or
18 MAY 10 PM 1:52

Name: Samuel Fischl Daytime Telephone: _____

FILER STATUS	New Member or Candidate for U.S. House of Representatives <input checked="" type="checkbox"/>	State: <u>NJ</u> District: <u>2</u>	Check if Amendment <input type="checkbox"/>
New Officer or Employee <input type="checkbox"/>	Candidates - Date of Election: _____	Staff Filer Type (if Applicable): <input type="checkbox"/> Shared <input checked="" type="checkbox"/> Principal Assistant	Period Covered: January 1, _____ to _____
Employing Office: _____	(Office Use Only)		

U.S. HOUSE OF REPRESENTATIVES
A \$200 penalty shall be assessed against any individual who files more than 30 days late.

PRELIMINARY INFORMATION – ANSWER EACH OF THESE QUESTIONS

A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? <input checked="" type="checkbox"/> b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"

THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS

TRUSTS – Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "exempted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child? Yes No

EXEMPTION – Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics. Yes No

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name

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SCHEDULE A – ASSETS & “UNEARNED INCOME”

Name:

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Assets and/or Income Sources		Value of Asset	Type of Income	Amount of Income
SP. DC. JT.	ASSET NAME			
			None	
			\$1-\$1,000	
			\$1,001-\$15,000	
			\$15,001-\$50,000	
			\$50,001-\$100,000	
			\$100,001-\$250,000	
			\$250,001-\$500,000	
			\$500,001-\$1,000,000	
			\$1,000,001-\$5,000,000	
			\$5,000,001-\$25,000,000	
			\$25,000,001-\$50,000,000	
			Over \$50,000,000	
			Spouse/DC Asset over \$1,000,000*	
			NONE	
			DIVIDENDS	
			RENT	
			INTEREST	
			CAPITAL GAINS	
			EXCEPTED/BLIND TRUST	
			TAX-DEFERRED	
			Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	
			None	Current Year
			\$1-\$200	
			\$201-\$1,000	
			\$1,001-\$2,500	
			\$2,501-\$5,000	
			\$5,001-\$15,000	
			\$15,001-\$50,000	
			\$50,001-\$100,000	
			\$100,001-\$1,000,000	
			\$1,000,001-\$5,000,000	
			Over \$5,000,000	
			Spouse/DC Income over \$1,000,000*	
			None	Preceding Year
			\$1-\$200	
			\$201-\$1,000	
			\$1,001-\$2,500	
			\$2,501-\$5,000	
			\$5,001-\$15,000	
			\$15,001-\$50,000	
			\$50,001-\$100,000	
			\$100,001-\$1,000,000	
			\$1,000,001-\$5,000,000	
			Over \$5,000,000	
			Spouse/DC Income over \$1,000,000*	

Use additional sheets if more space is required.

SCHEDULE D – LIABILITIES

Name: _____

Page _____ of _____

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period. **New Members:** Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. *Column K is for liabilities held solely by your spouse or dependent child.

SP DC, JR Creditor	Example	First Bank of Wilmington, DE	5/98	Mortgage on Rental Property, Dover, DE	3/03	MULTI LEVEL COMPANY	11/10 AUTO.COM	X	Amount of Liability									
									A	B	C	D	E	F	G	H	I	J
									\$10,001-\$15,000									
									\$15,001-\$50,000									
									\$50,001-\$100,000	X								
									\$100,001-\$250,000									
									\$250,001-\$500,000									
									\$500,001-\$1,000,000									
									\$1,000,001-\$5,000,000									
									\$5,000,001-\$25,000,000									
									\$25,000,001-\$50,000,000									
									Over \$50,000,000									
									Over \$1,000,000* (Spouse/DC Liability)									

SCHEDULE E – POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. **New Members** and second-year candidates report positions held in the reporting period and the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years.

Position	Name of Organization
PARTNER President	FAZER PARTNERS
OWNER	BEVERLY PROPERTIES
PARTNER	KLS INVESTMENTS
VICE PRESIDENT	ALL KEY SOLUTIONS

SCHEDULE F – AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Name: _____ Page _____ of _____

SCHEDULE J – COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Use additional sheets if more space is required.